

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH – PLANNING DIVISION CULTURAL COMPETENCY COMMITTEE MEETING

Date: July 14, 2010

Present: Sandra Chang-Ptasinski, Sylvia Guerrero, Rebecca Hall, Martin Jones (via phone), Ann Lee (via phone), Rose Lopez, Kumar Menon, Ruby Quintana, James Randall, Tammi Robles, Karen Sprague, Kimberly Spears, Albert Thompson, Esther Lee (in lieu of Leticia Ximenez)

Absent: Anahid Assatourian, Nilsa Gallardo, Keren Goldberg, Diane Guillory, Adrienne Hament, Scott Hanada, Julie Ho, Naga Kasarabada, Lorna Pham, Krista Scholton, Kelli Blanchfield

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome & Introductions	Introductions made
Review of Minutes	Minutes approved and seconded as written
Action Items	<p>CCPR – Criterion 4: Per Criterion 4: LACDMH must have a Cultural Competency Committee thus, the Cultural Competency subcommittee derived from QIC has been upgraded to an actual committee. This is the only change as the work will remain the same. The CCC Roles & Responsibilities have been created which makes the CCC more formal.</p> <p>The purpose of the Committee is to ensure the integration of Cultural Competency as a critical part of policy and strategy in the planning and delivery of mental health services to children, TAY, adults and older adults.</p> <p>Currently LACDMH does not have a policy on Cultural Competency but that is on the list of agenda items/goals for the CCC. It has been suggested that the CCC look at MHSA and incorporate that write up into an action item. The CCC will use info written in MHSA and include that in the Reference section when the policy is written and will ask the consultant to incorporate into the CCP as she writes it. The CC Plan is going to include policies like Hearing Impaired Access and Language Accessibility and incorporate in the plan.</p>

	<p>Organizational Chart and Membership Roster are in the process of being updated. There is a new column added to the sign-in sheet. CCC members were asked to 'self identity' so when we report on the plan, we include demographics such as 'x' number of consumers, family members, LAC-DMH employees, and contractors and representatives from diverse ethnic groups. This will allow the CCC to provide its demographic makeup in relation to the demographic profile of LACDMH.</p> <p>Another chart that was created as a tracking mechanism to capture activities/meetings that CCC members might have participated in that might have tapped into Cultural Competency. For ex., Membership into SLT, Outreach and Engagement, Delegate/Alternate, anything to show that we have members who wear multiple hats, meaning someone might not represent CCC but can carry the voice of CC at diverse groups like Underserved Populations.</p> <p>CC Plan calls for review of all services and plans for cultural competency issues within the County. The Committee has already begun involvement by talking about the MHSA plans and CC issues (Angelita Diaz from WET, Lillian Bando for PEI, Debbie Innes-Gomberg for CSS and Tara Yaralian for Innovation). The CCC has been working with Training Division to revamp the Training Survey to better reflect the cultural competency content of trainings and in preparing a statement of CC requirements to be incorporated into the training to give to the trainers beforehand. Other practices that can be cited are the presentation done at New Employee Orientation and at The Incubation Academy; there are members of the committee that are involved with these activities and their involvement can be cited for the Plan.</p> <p>Additionally there are members who attend QIC meetings and those members can update and provide information regarding cultural competency. We also receive information regularly from Patients' Rights and Outreach & Engagement. One idea to expand CC into more areas of LACDMH is for members to attend SA QIC meetings and have talking points or items that we really want to implement as the CCC and be true agents of change. If there could be 2 or 3 items the CCC could agree upon, then those items can be taken back to the SA QIC thus opening communication between the CCC and the SA QIC. Will speak with Training Division District Chief, Martie Drinan, about adding a Cultural Competency agenda item; will need to create talking points for the information the CCC wants to convey to each SA QIC meetings</p>
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	<p>There was a question about Contract Providers and their internal CC activities. Do those items need to be reported since some members represent contracted agencies? Since there are hundreds of contracted agencies, obtaining every form and piece of information from each would be very ambitious for the CC Plan time frame. Therefore we are looking at including a sampling of forms that have been translated and utilized. The CCC is also looking at obtaining information regarding specific programs like API programs in Pacific Clinics. There is currently a plan to incorporate contracted agencies into the CC Plan asking for samples of CC policies and MH treatment forms to be sent.</p> <p>There was a discussion on cultural demographics of staff at clinics and how, at times, the employees do not reflect the community they serve. For example, at the West Valley MH clinic, about half of the workforce was over 60 years of age and how would younger consumers relate or discuss MH issues with someone much older than themselves. In some cultures, age is seen as a beneficial aspect as there is respect towards elders and readiness to accept wisdom that comes with age. Sylvia Guerrero from Patients' Rights, brought the new Request for Change of Provider. The new form gathers information that taps into the cultural needs of consumers. The form includes reasons to request a change of provider specifically addressing the language, age and gender needs/concerns. It also includes a space available to write in any "other" reason not currently listed.</p> <p>Question was asked if there are any resources available for finding clinicians who speak a specific language. There are 2 sources available that list providers according to languages spoken, but getting actual assistance might be difficult. 1) The Multi-Linguistic Service Providers Directory available online on DMH <u>intranet</u>. This site lists agencies, discipline and languages spoken. It also lists the work hours of staff. 2) Human Resources report of staff who receives the bilingual bonus. There is no policy about how the language capabilities of employees on bilingual bonuses can be utilized by The Department. There is no policy stating how or when these employees are expected to use their language skills. A MAPP Goal of DMH is to create a translation unit. This would centralize translations and create a 'best practices'.</p> <p>Committee has identified items that need to be addressed. There are tasks that are more of an immediate goal while others are long term goals. Immediate concerns include finishing the CC Plan, updating the CCC membership, and gathering information on the</p>
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	<p>activities/meetings/taskforces pertinent to CC where the CCC members have been involved. Items for future consideration include: 1) revisiting the Organization Assessment where gaps in knowledge of cultural competency practices of DMH were observed by creating a "CC Corner" or "Did you Know" for eNews; 2) working with SA QIC's for CC involvement and data collection; 3) looking at the bilingual bonus in terms of policy and accessing the assets represented in DMH workforce; 4) the need to figure out how to organize and make an impact as a committee; and 5) moving the discussion forward on translation of previously identified forms.</p> <p>Suggestion was made to look at other County agencies to learn how they accomplished translation of their forms into threshold languages. Health Services has had many of their forms translated and since they are a County agency, the committee can use connections at DHS to find out how it was done.</p>
CC Trainings	Listed on Agenda
Next Meeting	<ul style="list-style-type: none"> Wednesday, August 11, 2010, 1:30pm to 3:30 pm 695 S. Vermont Ave, 15th Floor Glass Conference Room

Respectfully Submitted,

R Hall